

FROM-CROMPTON SEAGER TUFTE LLC

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T-384 P.02/03 F-176

## PART B - FEE(S) TRANSMITTAL

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CROMPTON SEAGER AND TUFTE, LLC  
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MINNEAPOLIS, MN 55403-2420

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Kathleen L. Boekley (Depositor's Name)  
*Kathleen L. Boekley* (Signature)  
April 28, 2006 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/940,273	08/27/2001	Gust H. Bardy	032580 0027 UTL	5279

TITLE OF INVENTION: CARDIOVERTER-DEFIBRILLATOR HAVING A FOCUSED SHOCKING AREA AND ORIENTATION THEREOF

APPLN TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	05/01/2006 T151000H2 00000040 590413 09940273	05/15/2006
EXAMINER	ART UNIT	CLASS-SUBCLASS	FEES	DA	DA
MULLEN, KRISTEN DROESCH	3766	607-005000	01 FC:2501 02 FC:1504 03 FC:0001	700.00	300.00

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list:  
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
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1. CROMPTON, SEAGER &  
2. TUFTE, LLC  
3.

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Cameron Health, Inc.

(B) RESIDENCE (CITY and STATE OR COUNTRY)

San Clemente, California

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ Individual ☒ Corporation or other private group entity ☐ Government

## 4a. The following fee(s) are enclosed.

☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
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☐ A check in the amount of the fee(s) is enclosed.  
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☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0413 (enclose an extra copy of this form).

## 5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2)

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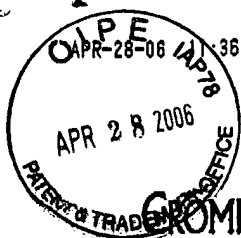
Authorized Signature David M. Crompton  
Typed or printed name David M. Crompton

Date 4/28/06  
Registration No 36,772

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### FAX TRANSMISSION COVER LETTER

TO: Commissioner for Patents  
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DATE: 1201.1104101  
FROM: David M. Crompton  
OUR REF: 1201.1104101  
TELEPHONE: 612-677-9050

Total pages, including cover letter: 3

**PTO FAX NUMBER: 571-273-2885**

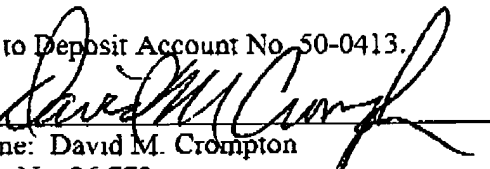
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Title of Document(s) Transmitted: ISSUE FEE TRANSMITTAL IN DUPLICATE  
Applicant: Gust H. Bardy et al.  
Serial No.: 09/940,273  
Filed: August 27, 2001  
Group Art Unit: 3762  
Our Ref. No.: 1201.1104101  
Confirmation No.: 5279  
Customer No.: 21691

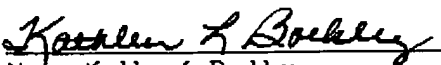
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I hereby certify that this paper is being transmitted by facsimile to the U.S. Patent and Trademark Office on the date shown below.

  
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April 28, 2006  
Date

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